

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 1354 / 1615
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**A.**Full Name (Last, First, Middle Initial)
DR. NANCY WOZNIAK

Mailing Address 602 W UNIVERSITY AVE

City State Zip Code
URBANA IL 61801-2530FEC ID number of contributing
federal political committee.**C**Name of Employer
CARL CLINICOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 0

Transaction ID: SA11.13747692

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.Full Name (Last, First, Middle Initial)
MR. CHARLES L. WRIGHT, JR.

Mailing Address 12 PINTAIL POINT

City State Zip Code
HEATH TX 75032-7611FEC ID number of contributing
federal political committee.**C**Name of Employer
SELF-EMPLOYEDOccupation
LIFE INSURANCE SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11.13725673

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.Full Name (Last, First, Middle Initial)
MR. JOSEPH WRIGHT

Mailing Address 4524 28TH RD S APT B

City State Zip Code
ARLINGTON VA 22206-3375FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 1 0

Transaction ID: SA11.13711327

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)